

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000006008

1. Entity Name
MISSION EVANGELICAL OUTREACH MINISTRIES, INC.



Principal Place of Business

**11088 SW 61 CIR
OCALA, FL 34476**

Mailing Address

**11088 SW 61 CIR
OCALA, FL 34476**



01212005 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1809678

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DANIEL, CURTIS L
11088 SW 61 CIR
OCALA, FL 34476**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	DANIEL, CURTIS L
STREET ADDRESS	11088 SW 61 CIR
CITY - ST - ZIP	OCALA, FL 34476
TITLE	ST
NAME	DANIEL, CASSANDRA T
STREET ADDRESS	11088 SW 61 CIR
CITY - ST - ZIP	OCALA, FL 34476
TITLE	TT
NAME	JONES, MONICA
STREET ADDRESS	315 ROY N RD
CITY - ST - ZIP	CARROLLTON, GA 30117
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000321909
04/21/05-80096-011 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Curtis L Daniel PT*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-05
Date

352-216-5966
Daytime Phone #